

Results: 336 patients were identified. 24 sustained self-inflicted burns. Male to female ratio was 1.3:1 with no significant difference in mode of injury ($P = 0.448$). The self-inflicted group was more likely to have a prior psychiatric history ($P < 0.001$), higher TBSA ($P < 0.001$), repeat admissions and longer length of stay. The cause of burn was consistently flame burns in the self-inflicted group ($P = 0.003$) with associated inhalational injury compared to scald/contact burns in the accidental group. The overall probability of death was 20.8% in the self-inflicted group vs 2.6% in the accidental group.

Conclusion: Self-inflicted burn patients represent a vulnerable group requiring attention to developing strategies to reduce their morbidity and mortality. Involvement of general practitioners, psychologists and psychiatrists is of high value in this regard.

0349: CLOSED-LOOP AUDIT OF AVAILABILITY OF ADULT BURNS REFERRAL GUIDELINES IN REFERRING CENTRES

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Aim: To establish whether treatment centres in the South West of England wishing to refer an adult burn were aware of regional guidelines and of where to refer.

Methods: Fifty referring centres were included in our audit – 12 Emergency Departments and 38 Minor Injuries Units. A telephone survey was performed using a standardised questionnaire. The senior member of staff was interviewed in each case. Following the initial audit, a guideline poster was produced and circulated to referring centres, who were also offered teaching sessions from the burns specialist nurse. A re-audit was performed four months after the initial cycle.

Results: Response rates were 44/50 and 47/50 centres for the first and second cycles respectively. The number of centres correctly identifying Southmead Hospital as the regional adult burns unit rose from 45% to 97%, whilst the number stating they were in possession of the current referral guidelines improved from 5% to 97%.

Conclusion: Knowledge of referral guidelines at referring centre improved dramatically with the circulation of a new poster and interventions to ensure availability and comprehension of the guidelines. A clear referral pathway in the form of a poster is an effective means of improving awareness of regional burns services.

0392: THE MANAGEMENT OF PRETIBIAL HAEMATOMAS AND LACERATIONS – EVALUATION OF DEPARTMENTAL PRACTICE

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Aim: There is no consensus in the management of pretibial haematoms (PH) or pretibial lacerations (PL). The study aims to evaluate the standard of practice with regards to the management of PH and PL in Addenbrooke's Hospital to establish a framework for future trials.

Methods: A retrospective cohort study was conducted. All inpatient lists were reviewed from January 2012 to December 2012. Patient records were reviewed and the data analysed using Microsoft Excel.

Results: Thirty six patients were identified. Twenty three patients (64%) were managed operatively and the remainder 13 (36%) were managed conservatively. Out of the 13 managed conservatively, four were admitted and 9 were managed in the dressing clinic with mean time of 46 days (Range: 8–190 days) to be discharged from clinic.

Fifteen (65%) of the patients managed operatively had split thickness skin grafting with a mean length of stay of 13 days (Range 1–47 days).

Conclusion: The results of the study provide a framework to for a clinical trial that will compare surgical versus conservative management of those wounds. It is essential to develop multi-centre trials with the aim of establishing evidence-based guidelines and protocols for the management of PH and PL.

0428: UTILIZATION OF PLASTIC DRESSING CLINIC: CLINICAL AUDIT

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Aim: The Plastic Department, QAH, Portsmouth experienced an increased demand for plastic dressing clinic appointments. This resulted in a significant overbooking of appointments. The aim of this audit was to review current practice and to improve the situation by rationalizing the follow-up system for the patients.

Methods: Two prospective audit cycles were carried out with implementation of changes between cycles. Data collected included diagnosis, management, follow-up plan and suitability for an alternative follow-up at primary care services.

Results: The first cycle of the audit showed an overbooking of the plastic dressing clinic by 38%. This was significantly higher than the recommended 10% by the Audit Commissioning Group, 2003. During this period 20% of the appointments were recognised as suitable for follow-up at primary care services. Data was distributed across the department and a flow diagram created to reinforce the patients' appropriate pathway. The second cycle showed a significant improvement in overbooking, reduced to 17%.

Conclusion: Appropriate patient follow-up makes the health system more efficient. It frees up specialist services to look after conditions, which require specialist input. It improves patient satisfaction with the service, minimizes unnecessary travelling for the patients and improves waiting times.

0449: THE CAUSES OF DELAY IN LOWER LIMB RECONSTRUCTION FOR SEVERE OPEN LOWER LIMB FRACTURES: HIGHLIGHTING THE IMPORTANCE OF DEDICATED ORTHOPLASTIC OPERATIVE LISTS

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Aim: Open lower limb fractures are a challenging problem to manage; this led the British Association of Plastic Surgeons to publish the standards for the treatment of open fractures of the lower limb which were followed by the publication of BOAST4 guidelines (British Orthopaedic Association Standard for Trauma). BOAST4 recommend definitive skeletal stabilisation and wound cover are achieved within 72 h. The aim of the study is to examine the causes of delay in lower limb reconstruction. To the best of our knowledge there are no studies in literature examining the causes of delay in lower limb reconstruction.

Methods: Case note analysis of 40 patients with open lower limb fractures. The patients are divided into two cohorts: one managed on a dedicated orthopaedic list and the second managed on standard emergency lists.

Results: Patients managed on an orthopaedic list have reconstruction 4 days earlier in average ($p = 0.0052$).

There was no correlation between all other variables (age, comorbidity etc) and the delay in reconstruction highlighting the importance of orthopaedic lists in meeting BOAST4 guidelines.

Conclusion: The introduction of an orthopaedic list has led to a safer and timelier management of patients. More orthopaedic lists are required to meet the BOAST4 guidelines.

0484: TELEMEDICINE IN FOCUS

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Aim: Hospital teams regularly seek plastic surgery assistance for problems including hand trauma, infections and burns. Since 2012 The London South East Burns Network (LSEBN) has utilised the web-based TRIPS (Telemedicine Referral Image Portal Service), for referrals to each of the region's four burn-care centres. Since its implementation, the system has become integral to decision making. The system relies on health professionals at peripheral hospitals taking digital photos of the relevant injury. It has been observed that not all referrals received contribute to management decisions.

Methods: We audited photographic variables over a month of referrals to a regional centre. Variables included: source hospital, focus of photograph, correct anatomy in the photographic field, role of photographer (doctor, nurse, HCA, photographic dept.), age of subjects and whether photos influenced management.